

August 9, 2002

REVISED REPORT

Re: Medical Dispute Resolution
MDR #: M2-02-0616-01
IRO Certificate No.: IRO 5055

This is to revise the Medical Case Review dated August 6, 2002. The one minor wording revision appears on Page 1, 'B. BRIEF CLINICAL HISTORY', paragraph 4, the last sentence. The word "subjective" in that sentence was moved from, "...indication of subjective improvement..." to "...there was subjective indication of improvement...".

The independent review was performed by a matched peer with the treating physician. Your case was reviewed by a physician reviewer who is Board Certified in Pain Management.

THE PHYSICIAN REVIEWER OF YOUR CASE **AGREES** WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE. THE TENS UNIT PURCHASE WAS NOT MEDICALLY NECESSARY.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on August 9, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is ___ for ___. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0616-01, in the area of Anesthesiology and Chronic Pain Medicine. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of TENS unit purchase.
2. Correspondence.
3. History and physical and office notes.
4. Operative reports.
5. Radiology reports.

B. BRIEF CLINICAL HISTORY:

The claimant reported injuring her left shoulder while placing automotive parts on a rack in the workplace. Apparently, she also injured her low back while removing automotive parts from a rack. The date of injury is indicated to be ___.

She was seen by ___ who implemented several weeks of conservative therapy with only temporary improvement in the claimant's condition. Steroid injections were apparently extremely transient in the relief that they provided.

The claimant had a neurosurgical evaluation by ___ on 9/01/00. On 4/12/01, ___ performed L-5 decompressive laminectomies with posterior lumbar interbody fusion at L5-S1 with autograft and posterior instrumentation at L5-S1.

Apparently, the claimant had continued to have lower lumbar pain with some radicular pain. She had been maintained on Celebrex, hydrocodone, Neurontin, carisoprodol, and Paxil. After an apparent TENS unit trial, there was subjective indication of improvement in the patient's condition.

C. DISPUTED SERVICES:

Request for TENS unit purchase.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

As stated by ___, there is no documentation as to the efficacy of TENS therapy in the long-term treatment of chronic pain. There are also no objective illustrations in ___ notes to counter that position.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 5 August 2002